

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.		FILING DATE	
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APPLICANT(S)			
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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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50						
<b>TOTAL IND.</b>			↓		↓	
<b>TOTAL DEP.</b>			↓		↓	
<b>TOTAL CLAIMS</b>						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
<b>TOTAL IND.</b>			↓		↓	
<b>TOTAL DEP.</b>			↓		↓	
<b>TOTAL CLAIMS</b>						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS